

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	2					
4	(1)					
5	(1)					
6		1				
7		2				
8		2				
9		1				
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TOTAL IND.	1		2			
TOTAL DEP.	5		7			
TOTAL CLAIMS	6		9			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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